



Minority Outreach and
Technical Assistance

Maryland Office of Minority Health and Health Disparities (MHHD)

FY 2017 Minority Outreach and Technical Assistance (MOTA) RFA Pre-application Training

Dr. Shalewa Noel-Thomas

Dr. David A. Mann

Namisa Kramer





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Housekeeping for Participants

- Thanks for your Interest in the 2017 MOTA RFA Grant
- The Training session will be recorded and uploaded on MHHD website.
- We are advised by DHMH IT staff that the webinar works best in Chrome. It does work in Internet Explorer on some computers
- If you are unable to get in on Chrome and Internet Explorer, you can call the toll free number and listen in
- The presentation is also posted on MHHD website
- The chat function is on, if you have any questions, please type them in the chat window and we will do our best to provide responses during the question and answer session.
- We may not be able to answer all questions during today's session but you may contact our office with questions





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- **Overview**
 - Introductions
 - Background and Expectations
 - Eligibility and Award Information
 - Narrative
 - Budget
 - Supporting Documentation
 - Questions





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Introductions

- **MOTA Program Staff**
 - Ms. Namisa Kramer-Program Administrator
 - Dr. David Mann-Epidemiologist
 - Dr. Shalewa Noel-Thomas-Director



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Background

- Implemented in 2001
- Cigarette Restitution Fund Program
- Focus on tobacco cessation and cancer prevention
- Outreach and technical assistance to minority communities
- Promote participation in tobacco and cancer coalitions
- Expanded in 2010
 - Additional focal areas: diabetes, infant mortality, asthma





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Focal Areas

- Birth outcomes
- Cardiovascular disease
- Diabetes
- Obesity
- Cancer
- Tobacco
- Asthma
- HIV/AIDS
- Lack of health insurance
- Lack of medical home/non-use of a medical home





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Expected Focus

Racial and ethnic minorities and underserved communities will have increased:

- Access to community-based health education
- Awareness about MOTA priority health topics
- Knowledge of the continuum of care for the health condition/s being addressed
- Knowledge of prevention, screening, primary care resources for the health condition/s selected





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Expected Focus

- Linkage to health insurance enrollment
- Linkage to primary and preventive care and social services
- Assistance with coordination and navigation of primary and preventive health care services
- Self-management support through home visiting programs using community health workers, visiting nurses.





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Expected Focus

Grantees should demonstrate increased:

- Partnership and collaboration with local health department
- Partnership and collaboration with other MOTA grantees, Health Enterprise Zones and other community-based programs
- Participation in technical assistance, capacity building and program sustainability activities (i.e., this could be workshops, trainings, and conferences, etc.)





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Eligibility Information (Pg. 7)

- Jurisdiction Population/Attachment A
- Letter of Commitment
- IRS Form

Award Information (Pg. 7-8)

- Awardees will be given the opportunity to apply for a grant renewal for FY 2018 (This is New)

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Application Information (Pg. 8)

The Format (Pg. 8)

- Application should be no more than 10 pages long
- 12 pt font, Times New Roman, 1 inch margins, double spaced
- Each page numbered sequentially

Cover letter (Pg. 8)

- See letter sample (Attachment G)
- Signature of authorizing official
- Federal tax identification number

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Organizational Capability (Pg. 10)

- State current or previous experience working with target population
- Ability and Experience in promoting health education
- Organizations background, structure, mission and performance

Executive Summary (Pg. 8)

- State why program is important
- Population to be served
- Limit 2-3 pages





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Application Narrative

Problem Statement (Pg. 9)

- Describe nature and scope of the problem
- Describe need for a Local MOTA program





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The New World of Accountability

- Everyone now wants to know “how much bang for the buck” for any expenditure.
- Imagine that an auditor asked you “what did Maryland get for the money spent on your project?”
- How would you answer?
- How would you prove your value?

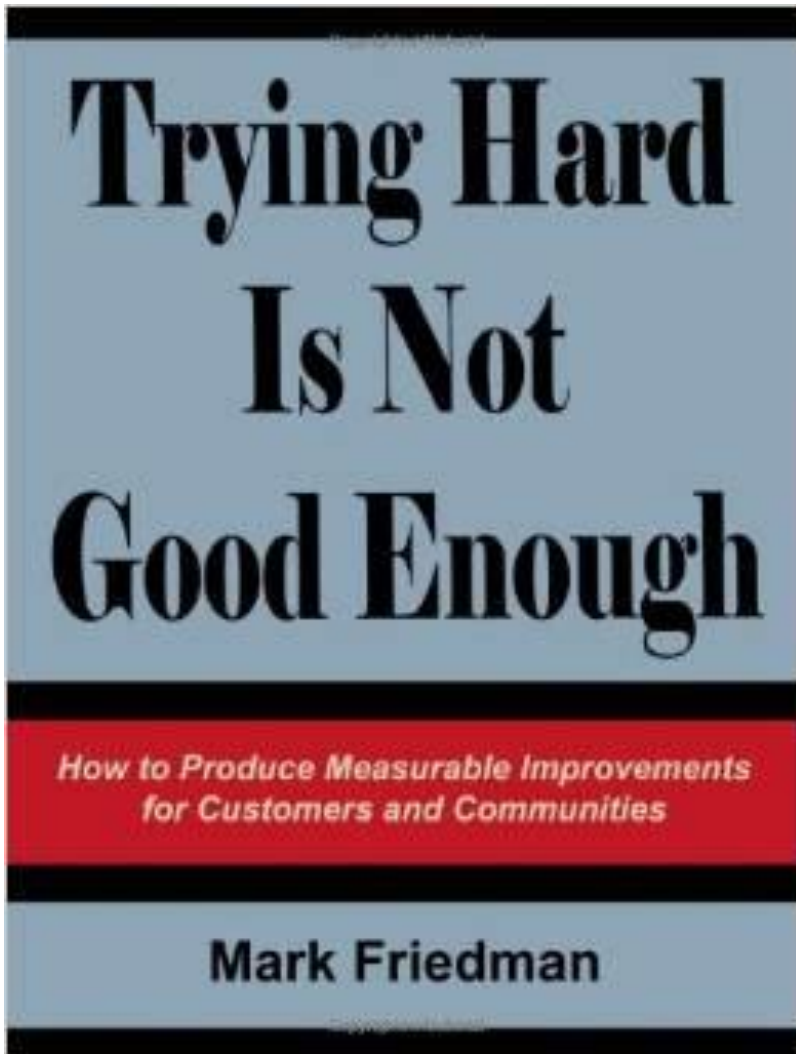
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Don't Confuse Activity with Accomplishment



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Simple, Common Sense, Plain Language, Minimum Paper, and Useful


This is a "how to" book on accountability for public and private sector agencies, communities, school districts, cities, counties, states and nations. It is an antidote to all the overly-complex and jargon-laden methods foisted on us in the past.

Mark Friedman's book fills an urgent and unmet need. He provides the guidance that can enable all of us to tailor what we do to what we intend to achieve. The more readers this book reaches, the greater the chance that community groups, service providers, and governmental and nonprofit organizations at every level will actually be able to change lives.

- Lisbeth B. Schorr, Author, *Within Our Reach*
Director, Project on Effective Interventions at Harvard University

This is a book that has been worth waiting for. Friedman espouses an effective way of thinking and doing in a disciplined, but light hearted and readable manner. This is a 'must read' for anyone who wants to play a role in helping organizations help people.

- Con Hogan
Former Secretary of the Vermont Agency of Human Services



Mark Friedman has over 30 years of experience in public administration and public policy. He has written and spoken extensively on the subjects of social change, organizational performance, management, budgeting, and strategic planning. His widely acclaimed Results Accountability framework has been used in over 40 states and in countries around the world.

Fiscal Policy Studies Institute
www.raguide.org
www.resultsaccountability.com

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Goals and Objectives (Pg. 10)

- “Ultimately, your problem statement should be able to be expressed as the baseline values of the SMART objectives that you are proposing to improve with the program.”
(Page 9 of the RFA)
- Your **GOAL** is a broad statement of the health area you expect will improve due to your project, even if that might not be measurable.
- **SMART objectives** are the specific and measurable improvements that will result from your project.
 - You should know, or be able to quickly learn, the current value of the measure or metric that is your objective.
 - You must be able to know the follow-up value of that measure or metric at the end of the project.
- ***Presenter: Dr. David A. Mann***





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What is a Measure or Metric???

- **A metric, or a measure** (the terms are often used interchangeably) is a characteristic expressed in numerical fashion.
 - Example: infant mortality rate is a characteristic of a population, that can be expressed numerically. Prevalence of diabetes, percent of population in poverty are also metrics.
- **The value** of a metric or measure is the level or amount of that characteristic at a specific point in time.
 - Example: Maryland Black infant mortality in 2011 was 12.0, and in 2014 was 10.6 deaths per 1000 live births.
 - 12.0 and 10.6 are time-specific values of the infant mortality metric.
- **Benefit** = a metric's values improve over time due to the program.
 - ***Presenter: Dr. David A. Mann***





What is a SMART Objective???

- Specific: Not vague, ambiguous, or too general. Down to the details.
- **Measurable:** It can be counted/measured; it is a metric
 - Usually, if it is measurable, it is specific.
- **Attainable/Achievable:** It is realistic to be able to reach the future expected value of the objective metric.
- **Relevant:** Reaching this value of the objective metric will in fact help make progress to the overall goal.
- **Time bound:** There is a particular improved value of the metric that will be reached in a particular time frame.
 - For this MOTA grant, the time frame is two years.
- ***Presenter: Dr. David A. Mann***





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Program Work Plan (Pg. 10)

- Answers the question “HOW MUCH of WHAT will be done BY WHOM, WHEN, and HOW MEASURED?”
- What will be done? What are the activities and tasks that will impact the target population?
 - How much activity, and how many persons reached?
- By Whom? Who will carry out the activities?
- When? What is the schedule of activities?
- How Measured? How will we count how much activity, how many reached, and what impact on those reached?





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Activity	Timing	Responsible Party
Retrieval and Analysis of Data on the Objectives	Annually, probably Q2	David Mann
Update Health Equity Profile	Annually, probably Q2	David Mann
Conduct Educational Sessions	Ongoing, 22 per month	CBO
Identify High Utilizers and Refer to CBO	Ongoing, 20 per month	Medicaid Program Hospital Partner
Longitudinal support for identified high utilizers	Ongoing	CBO
Collection of Data on Process and Performance	Monthly, reported Quarterly	CBO
Develop survey instruments	Q1 of Year 02, after initial focus groups in Q4Y1	HBCU
Develop round 2 focus group questions	Annually, probably Q3	HBCU
Periodic surveys of education session clients	At least quarterly	HBCU
Additional focus groups	Annually, probably Q4	HBCU
Analysis of survey and focus group data	As collected	HBCU
Revise educational materials and curriculum based on survey and focus group results	As needed	MHHD staff, CBO, and HBCU





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Year X	1st Qtr			2nd Qtr			3rd Qtr			4th Qtr		
	A	S	O	N	D	J	F	M	A	M	J	J
Interim Eval 1 Yearly Quantitative Data												
Produce Health Disparities Profile Update												
Conduct educational sessions												
Support identified Medicaid patients												
Support identified hospital high users												
Develop focus group questions for Year X												
Develop Survey Questions												
Survey participants on satisfaction, KAB												
Hold focus groups on adoption barriers												
Develop Materials to address barriers												





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Logic Model

- Inputs: What are the resources you will deploy to achieve your objectives?
 - Hired FTE of employees and subcontractors?
 - In-kind resources from partners?
- Outputs: What productivity will result from deploying the resources?
 - What kinds of activities, and how many?
 - How much reach due to the activities (number of touches, number of unduplicated people)?





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Logic Model

- Outcomes/Impacts:
 - Short-term: Things like knowledge, attitudes, beliefs
 - Medium Term: Things like health behaviors
 - Long-Term: Things like risk factor prevalence, or disease prevalence
- Impacts can be measured at the level of the persons reached, or measured at the level of the entire community or jurisdiction.





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Program Work Plan Elements

- Brief Narrative description of Work Plan
- Complete Attachment C: Work plan template
- Complete Attachment D: Logic Model Template
- Complete a Gantt Chart: See Attach E as example
- Include one or more of the five activity types in the list spanning pages 10 and 11
- Include ALL of the six activities in the list on page 11





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Outcomes (Pg. 11)

- Outcomes are measurable benefits of your project.
- These include your SMART objectives.
- These may also include intermediate outcomes that are steps to your ultimate outcomes
- Outcomes may be defined for the people that you reach, or may be defined for the larger community.
 - Demonstrating success at the community level can be difficult, so if proposing community-level outcomes, it is often wise to track the same outcome in those reached.





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Target Population (Pg. 12)

- Describe the geographic area for the project
 - Entire city/county? Or just a smaller part?
- Describe characteristics of the people you will serve
 - Race/ethnicity
 - Languages spoken, English proficiency
 - Poverty, education, employment if available
- Specify number of people you will serve (this should be consistent with your work plan)
- Primary project reach must be racial/ethnic minority





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Partnerships (Pg. 12)

- Provide a list of project partners
 - Local Health Department partnership is required
- Describe the role of each partner
 - Local Health Department partnership role
- Letter of commitment from each partner
 - Mandatory from Local Health Department
 - Promises what the partner will do





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Project Management (Pg. 12)

- Describe Project Staff and Subcontractors
 - Limit of two funded subcontractors
 - Clearly describe subcontractor roles and deliverables
 - Provide resumes or bio-sketches
- Identify Project Manager, clear reporting lines to subordinates and subcontractors, and clear specification of who will be supported by what amount of project funds.
- Specify persons responsible for financial management, fiscal and productivity form submission, and interface with our (MHHD) MOTA managers.





Evaluation (Pg. 12)

- Describe methods to evaluate success in reaching your objectives.
- Describe qualitative and quantitative tools and methods to measure your outcomes.
- Describe the data you will collect and how you will collect it.
- Discuss evaluation at three levels:
 - Capacity development evaluation
 - Productivity and effort evaluation
 - Outcome/impact evaluation





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Evaluation

- Capacity development evaluation
 - This matches the inputs in the logic model
 - How well did you deploy the intended resources?
- Productivity and effort evaluation
 - This matches the outputs of the logic model
 - How many activities, how much reach was achieved?
- Outcome/impact evaluation
 - This matches outcome-impact of the logic model
 - What changes in knowledge, attitudes, beliefs?
 - What changes in health behaviors?
 - What changes in risk factor or disease prevalence?



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Dissemination (Pg. 13)

- Describe you plan to inform public, policy makers, and other key stakeholders about project.
 - Not just at the end, but throughout the project.
 - Disseminate milestone achievements:
 - Operational capacity in place (grand opening)
 - Periodic reports on persons served
 - End of project improvement in outcomes



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FY17 Budget and Supporting Documentation

Requested Budget (DHMH HSAM Forms) (Pg. 13)

- DHMH HSAM budget Forms
- Sample Budget forms

Budget Justification Narrative (Pg. 13)

- Written Justification
- Sample attachments

Letters of Commitment (Pg. 14)

- Commitment vs Support
- Partner or Collaborator

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FY 17 Budget AND Supporting Documentation

Health Department Support Letter (Pg. 14)

- Local Health Department support letter

Additional Mandatory Forms (Pg. 14)

- DHMH forms 433 and 434
- Signatures

Grant Application Checklist (Pg. 14)

- Attachment J

Presenter: Namisa Kramer





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Question and Answer Session

Question and Answer Session

Moderator: Namisa Kramer



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